



What works? What fails?



FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

Vol. 3, No. 11

Navrongo Health Research Centre

HEALTH CANNOT WAIT

Under the Community Health and Family Planning Project health volunteers and village health committees have been assigned specific responsibilities in the new strategy for making health services widely accessible and affordable. . But who do health volunteers and village health committee members say they are and what do they do? Notes 11 and 12 are based on personal testimonies.

Agnes Aseyoro, health volunteer for Paga Boania speaks about...

...her typical work day

The work of a health volunteer entails a lot. On a typical working day I wake up very early in the morning, sometimes without taking breakfast, in order to catch most of the people who are predominately seasonal farmers. I move out straight to the first compound preplanned for the day. The first person to contact on arrival is the landlord or landlady. After a short self-introduction and exchange of usual greetings and pleasantries with the residents, I state my mission. All this while I observe the compound with the intention of talking about issues that are true to life. Under normal circumstances the rest of the family will be invited to join in the discussions. I commend them for every little effort they have made to keep the household environment clean. Then I proceed by adding what else needs to be done.

....malaria prevention and other health topics

The most important health challenge that I encounter during compound visits is malaria. I therefore turn my health education talks to malaria. First I try to demystify certain erroneous notions about the causes of malaria, such as sitting in the sun and eating raw mangoes. I make sure they understand that it is only mosquitoes that spread malaria. I explain to them how malaria is caused and methods of preventing or controlling the disease. I try to be as simple as possible. For instance I tell them that stagnant waters are good breeding grounds for mosquitoes and these should be avoided. Where the pools exist and there is not much that be done about it, they must be sprayed to destroy the larvae. They should also sleep under treated mosquito nets at night to prevent mosquitoes from biting them. If they should take all these precautions and still get malaria attack, they must treat it immediately. I insist that the full course of the treatment must be taken in order for the drug to be able to destroy the parasites in the blood. Similar discussions are carried out for a number of



diseases like cholera, dysentery, guinea worm, polio, measles, and cerebro-spinal meningitis. I also talk about the importance and benefits of family planning and available methods of birth control.

...administering treatment

At the end of the discussion, I find out if there is any sick person in the household so that I can give treatment based on the disease and its severity. If the situation is critical, I refer the patient to the community clinic or the hospital. After I administer treatment to a patient, I do a follow-up to find out how the patient is faring. If there is no improvement then I refer the patient to the hospital. In the absence of any thing I thank the people and then move to the next few houses. After visiting about seven houses I break for the day to continue the following day.

...what it means to serve her community

The people's attitude towards me is highly commendable, perhaps it may be due to the value of services that I render to them. However, there are a few problems like the bicycle breaking down during compound visits. Sometimes I get beaten by the rain while trying to reach a sick person. All the same, even though it is voluntary work I enjoy doing it because I know service to God is service to mankind and I would never regret from serving God or mankind.

Another view on being a health volunteer comes from Kawia Baditera, Pungu-South...

...Planning is key to the success of any economic activity. Before I go out to visit patients and clients, I first plan the number of compounds to visit, and prepare on some of the health education issues I might be talking on. Among the health issues I usually talk about are; Family Planning, STD, especially HIV/AIDS, reproductive health, malaria prevention and management, prevention of CSM and Cholera. I also assist the Community Health Officer during clinic days and home visits. I do referrals and keep records of my work and meetings with the health committee group and the nurse. I have become an opinion leader in the community. I now help to organize the community to undertake communal activities such as building of places of convenience, and wells for drinking water. I advise pregnant women to attend antenatal clinic, and encourage nursing mothers to practise exclusive breastfeeding.

Though I enjoy the work it can be frustrating sometimes. Whether it is in the rainy or dry season it is difficult to get people to sit down to discuss health issues. During the rainy season people seek permission to go to their farms, if it is in the dry season they excuse themselves to go and tend their gardens. The people are so busy trying to make ends meet but as a health worker my duty is to convince them to sacrifice a little time to listen to my message because after all I am a health worker chosen by they themselves. As a woman, family planning is very important to me. I tell them family planning is about a couple being able to decide when they want to have children. It is also about spacing of birth, allowing one child to grow big enough to be able to carry the next child comfortably. I tell them about the benefits of a small family size. The little food available goes round for a few instead of spreading it around for so many children. The woman remains healthy for a long time and the husband would not be motivated to go in for another wife. If a woman has only a few children they can all be looked after to grow up healthy and strong. All of them can also be well educated. In the long run this means peace, love and happiness for the whole family. I usually close for the day at about two o'clock in the afternoon.

Nyamekye Akaburi sums up the health volunteer experience...

...I felt highly honoured and proud when I was called upon by the children and people of my area to serve them as a health volunteer. Although it is a voluntary job I did not hesitate to accept the voice of my people to serve them to the best of my ability. We work with the Navrongo Health Research Centre in community health service delivery. I was chosen by the chief in consultation with his elders, then introduced to the community who had the choice to accept or reject my nomination. I was unanimously accepted. You may ask, ***what does the work of a health volunteer entail? What experience have I gathered over the years?***

Before I became a health volunteer, I went through a two-week long training workshop intended to prepare me adequately enough for the service. At the end of the training session I was re-introduced to the chief and the community at a durbar organised by the chief. Delegates from the research centre attended the durbar which was a joyous occasion with a lot of drumming and dancing. Their duty was to present me to the community and outline the dos and don'ts of my job. I was to give drugs such as chloroquine, paracetamol, multivitamin, piritin, ORS, and condoms. I was not to give injections or antibiotics. The community was also to give me the needed cooperation to do my work. I was given a bicycle, a knapsack containing drugs, a notebook and a pen for records purposes. It was a great moment for me and a joyful occasion for all of us.. After the durbar I got the moral backing of the community to start work which mainly consists of going round from house to house passing on information or educating people on basic health issues such as how to avoid the spread of diseases in the community.



Encouraging mothers to practise exclusive breastfeeding is just one of the many gratifying and worthwhile aspects of the health volunteer's job

Send questions or comments to: What works? What fails?

Navrongo Health Research Centre, Ministry of Health, Box 114, Navrongo, Upper East Region, Ghana
What_works?@navrongo.mimcom.net

This series has been launched to share experiences with people in Ghana and elsewhere around the world about what has worked and what has failed in an experiment to make primary health care widely accessible to rural people. The Kassena-Nankana community, whose active participation made *The Navrongo Experiment* possible, are hereby duly acknowledged. This publication was made possible through support provided by the Office of Population, Bureau for Global Programs, Field Support & Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-99-00010. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Additional support was provided by a grant to the Population Council from the Bill and Melinda Gates Foundation. The Community Health Compound component of the CHFP has been supported, in part, by a grant from the Vanderbilt Family to the Population Council.